UTAH VIATICAL SETTLEMENT PROVIDER ANNUAL REPORT

Report for Calendar Year_

Provider NameAddress		Preparer's Name	ıme			
Phone #Email		Address (if different from the provider). Email	ifferent f	rom the pr	ovider)	
IDENTIFIER	POLICY ISSUE DATE	DATE OF VIATICAL SETTLEMENT	1	DEATH BENEFIT VIATICATED	AMOUNT AVAILABLE under terms of policy	NET AMOUNT PAID TO VIATOR

CERTIFICATION: By submitting this report, the provider certifies that the information is complete and accurate.